

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101574,903

FILING DATE

12-4-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0					
2		1				
3		1				
4		1				
5		1				
6		3				
7		1				
8		3				
9		3				
10		3				
11		2				
12		2				
13		2				
14		2				
15		2				
16		0				
17		0				
18		1				
19		0				
20		0				
21		0				
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						